

NOTICE OF INDEPENDENT REVIEW DECISION

July 3, 2003

RE: MDR Tracking #: M2-03-1262-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury to his back while on some scaffolding on _____. He suddenly twisted and experienced low back pain. He was seen by a chiropractor for treatment and a work hardening program. The patient was referred to an orthopedic surgeon for continuance of back pain and bilateral leg pain. An MRI performed on 03/08/02 revealed disc protrusion creating extreme spinal stenosis at L4-5. An electromyography (EMG) study from 10/07/02 confirmed acute radiculopathy at L5 and S1.

Requested Service(s)

Myelogram of the lumbar spine with post-myelogram CT

Decision

It is determined that the proposed myelogram of the lumbar spine with post-myelogram CT is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has undergone numerous conservative treatment modalities to treat his back injury, including pain management and work hardening programs. The previous lumbar MRI showed marked changes at L4-5 with extreme spinal stenosis. As this study was a year old, the provider is requesting a lumbar myelogram with post-myelogram CT scan. The patient's current symptoms are compatible with spinal stenosis and nerve root compression. If this were confirmed by myelogram and CT, he might be an excellent candidate for surgery.

National treatment guidelines allow for a myelogram with CT scan in cases such as this. Therefore, it is determined that the proposed myelogram of the lumbar spine with post-myelogram CT is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 3 rd day of July 2003.
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